

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		2			54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8		/	/				58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13	/		/				63						
14		/		/			64						
15	/		/				65						
16		/		/			66						
17		/		/			67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	/		/				72						
23		/	/				73						
24	/		/				74						
25		/		/			75						
26	/		/				76						
27		/	/				77						
28				/			78						
29				2			79						
30			/				80						
31			/				81						
32			/				82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13		19				TOTAL IND.						
TOTAL DEP.	13		15				TOTAL DEP.						
TOTAL CLAIMS	26		34				TOTAL CLAIMS						